



**Calvary Assembly of God
Adoption Fund
Financial Support Form**

The following application form is required to be completed before we can schedule an appointment or provide any assistance through Calvary Assembly.

Please contact Calvary Assembly Office at 585-889-0190 to schedule an appointment with our team. Please block off up to one hour. If for some reason, you cannot keep your appointment, please call as soon as possible to let us know.

Complete this forms and bring with you to your appointment.

Name	Date of Birth	
Name	Date of Birth	
Address		
City	State	Zip
Phone #	Email	

1. Household Information: (please list all members of household)

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

2. Please provide a copy of the approval letter from adoption agency and attach to this application.
3. In the space below, please state why you are making this application for financial support. (attach additional document if more space is required)

4. References of Faith: Please provide letters of reference and contact information

Reference #1:	Relationship:	Contact information:
Reference #2:	Relationship:	Contact information:
Reference #3:	Relationship:	Contact information:

5. Monetary Request: (Please note: there is a \$2,500 limit per application)

Please state your financial request and provide documentation of the use of funds. (Example: attorney fees, adoption agency costs, etc.)

By signing below, you are attesting that all information provided to Calvary Assembly of God of Chili, Inc. is true and correct.

Applicant's Name (Printed)

Applicant's Signature

Date

Applicant's Name (Printed)

Applicant's Signature

Date